

INMATE SUICIDE PREVENTION AIDE PROGRAM

Report and Recommendations

A Report by the New York City
Board of Correction
Robert B. McKay, Chairman

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Origin

The concept of inmates serving as suicide prevention aides was first proposed for the prisons under the jurisdiction of the New York City Department of Correction as early as March 1971. It was suggested that inmates could assist correction officers and mental health workers in observing mentally disturbed inmates, detecting suicidal behavior, and rescuing inmates in the act of suicide. A similar approach had been employed successfully in the jails in Minneapolis, Minnesota, and St. Louis County, Missouri.

A suicide prevention aide program was instituted experimentally by the Department of Correction in Departmental Directive No. 8 on February 22, 1972. The program was made permanent by Departmental Directive No. 20 on May 25, 1972.

Initial Plan

Each institution was made responsible for the selection of sentenced or detained inmates to be assigned as suicide prevention aides in sufficient numbers to provide coverage on a 24-hour, seven day a week basis. The aides were to receive training in mental health procedures by Health Services Administration personnel at each institution and were to be compensated as skilled inmate help.

Heads of institutions were made responsible for developing the operational aspects of the program. Institutional mental health units were made responsible for the training and screening of aides.

Initial Evaluation

An initial evaluation of the first three months of the suicide prevention aide program, conducted by the Planning and Monitoring Task Force of the Department of Correction, found that a "loose construction of the program's guidelines and a clouding of the respective responsibilities of the Department of Correction and the Health Services Administration hampered effective implementation." The Task Force found that no training procedures had ever been established by the Health Services Administration, no criteria for the program had ever been formulated by the Department of Correction, and no inter-institutional communication framework had been developed.

In spite of this lack of overall direction, two institutions were found by the Task Force to have had well thought-out and organized programs. The institutions were the Bronx and the Brooklyn Houses of Detention.

Board of Correction Evaluation

In late June and early July 1973, with the cooperation of Correction Commissioner Benjamin J. Malcolm, the Board of Correction conducted an investigation and survey of the suicide prevention aide program at each

City institution. Members of the Board staff spoke with institutional administrators and other correction personnel, mental health staff workers and inmates, in an attempt to determine which institutions have efficient suicide prevention aide programs, with the goal of developing overall recommendations to strengthen the program at each institution. Aides were interviewed according to an evaluation questionnaire, a copy of which is attached hereto as Appendix A. As a result of its study, the Board of Correction found the suicide prevention aide program at the Bronx House of Detention to be a workable model for the City's other correctional institutions.

Recommendations

We offer the following recommendations for immediate approval and implementation in each City prison:

1. The mental health staff at each institution should be responsible for the selection, instruction, and supervision of suicide prevention aides. One member of the mental health staff should be assigned the institution's suicide prevention program as his primary responsibility. It should be this mental health worker's responsibility to:
 - (a) Interview candidates for suicide prevention aide positions and recommend inmates for appointment to the head of the institution or to a deputy warden, assistant deputy warden, or captain delegated by him to exercise correctional responsibility over the program. Recommendations should be made after consultation with correction officers and inmates who are familiar with the potential aides;
 - (b) Organize and develop a program of orientation in which each newly assigned aide is fully instructed as to his duties;
 - (c) Organize and develop a program of continuous training and instruction in aspects of suicide prevention;

- (d) Schedule and conduct regular discussion sessions among aides, mental health workers, psychiatrists, psychologists, and correction officers in which individual inmate cases are reviewed and common problems discussed;
 - (e) Monitor periodically the work of aides assigned to particular areas, and seek out reports from correction officers regularly assigned to the area on aides' performance;
 - (f) Develop a procedure for the recording of information on disturbed inmates and for the communication of such information among all correction and mental health personnel and aides dealing with such inmates.
2. Suicide prevention aides should be assigned to the following areas of each institution:
- (a) Mental observation;
 - (b) Methadone detoxification;
 - (c) Punitive segregation;
 - (d) Administrative segregation.
- If any of these areas is overcrowded, precluding the housing of inmates who should be there, aides should be assigned on an ad hoc basis wherever the overflow inmates are housed.
3. Whenever possible, suicide prevention aides should themselves be housed in the same areas to which they are assigned for duty.
4. Instruction and training for suicide prevention aides should include the following:
- (a) The distribution of the revised version handbook developed by the Bronx House of Detention Mental Health staff, entitled "Procedures for Mental Health Aides";
 - (b) An in-depth orientation of each aide, instructing him as to his specific duties and responsibilities and the resources which the mental health staff will provide him;
 - (c) Periodic training sessions, as described in Section 1(d), consisting of instruction in mental health care, detecting suicidal or pre-suicidal behavior, human interaction, methods of resuscitation, and procedures for recording observations. Outside lecturers, such as Dr. Leonard Moss

of the Prison Mortality Review Board (a suicidologist) or Correction Officer Charles Deegan of the Manhattan House of Detention (an instructor in First Aid and resuscitation methods) should be invited. Special sessions should be devoted to new problems as they emerge in relation to dealing with mentally disturbed inmates, such as the increased incidence of epileptic seizures reported at the Bronx House of Detention.

5. A systematic procedure for keeping aides informed of the condition of inmates in their assigned areas should be instituted. Information must be recorded continually and channelled to all persons involved in dealing with mentally disturbed inmates, both for intra-institutional purposes and to facilitate data flow in case of transfer to other institutions or hospitals.
6. A fair system of compensation should be instituted in order to enhance the quality and motivation of inmates volunteering to serve as suicide prevention aides. This should include:
 - (a) Increases in the present \$.20 per hour pay commensurate with the inmate's accumulated experience as an aide;
 - (b) Preservation of all recreation privileges available to other inmates, often lost by aides because of the hours of their tours of duty;
 - (c) "Certificates of Work," prepared by the mental health staff and furnished to the courts and to probation personnel, describing in detail the duties and responsibilities of the inmate and his performance to date.

The Board of Correction believes that Larry Jackson of the Bronx House of Detention's mental health staff should be appointed by the Health Services Administration to visit each City prison and assure the implementation of these recommendations at each. The mental health workers assigned responsibility for the suicide prevention aide program at each institution should meet periodically with Dr. Frank Rundle, the Director of Psychiatry for Prison Health Services, to discuss needed improvements in the program at each prison. Every effort at intra- and inter-institutional communication and coordination should be made.

